Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11953542	A. BUILDING: _____ B. WING _____	05/26/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PALMS OF LONGWOOD (THE)	480 EAST CHURCH AVENUE LONGWOOD, FL 32750

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments A complaint survey (2021007444) was conducted on [redacted] at Palms of Longwood, Longwood. Deficiencies were found at the time of the visit.	A 000		
A 025 SS=D	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of [redacted] or [redacted] or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such [redacted] or [redacted]. The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident ' s representative or designee of the need for health care services and must assist in making [redacted] for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident ' s representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with rule 59A-36.012, F.A.C.	A 025		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 025	Continued From page 1 (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on interviews and record review, the facility failed to meet the care and services and the need for assistance with self-care and showering 2 times per week in a timely manner resulting in the resident not receiving appropriate care and services for resident #1. Findings: A review of resident #1's 1823 dated revealed assistance with daily living for ambulation, bathing, and . A review of the facility's shower log from to , it revealed resident#1 had showers on , , , and . It	A 025		

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A 025	Continued From page 2 did not meet the 2 x a week shower policy. In an interview on at 10:00 am with resident#1, she revealed she was not receiving her showers 2 x per week and sometimes not at all. She stated there is not enough staff to assist her in the overnight hours when she needs to be changed and dressed. She stated she has to wait for the morning staff at 7:00 am to assist her in getting changed and changing the sheets on her bed when soiled. She further stated she informed administration about this about 6 weeks ago that her call button pendant was missing and has not received one to this date. In an interview on at 10:20 am with staff C, she confirmed when she comes to work at 7:00 am, resident#1's bed sheets are sometimes still soiled from the night before and the resident was never assisted with bathing and and is still in soiled clothes. She confirmed there are times when the resident is not bathed 2 x per week as required. She confirmed that resident#1's call button pendant has been missing for about 6 weeks and administration has been aware of this and has not replaced it. In an interview on at 1 with maintenance staff D, he confirmed resident#1's call button pendant was reported missing to him about 6 weeks ago, but he had forgotten to order another one. He stated he would order one today. Class III	A 025		
A 152 SS=D	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other	A 152		

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A 152	Continued From page 3 (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . This Statute or Rule is not met as evidenced by: Based on observation and interview the facility	A 152		

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A 152	Continued From page 4 failed to maintain a clean and decent living environment due to stained carpets and scrapped and chipped paint on doors throughout the facility. Findings: 1. Observations during a tour on ..... found all the hallways had large and small carpet stains throughout the areas where the resident rooms are. had stripped paint on the door and chipped wood on frame of door. There were numerous walls and doorways with chipped paint throughout all the hallways in the facility. 2. In an interview on ..... at 12:00pm with maintenance staff, he confirmed the carpets needs to be replaced and the walls need to be repainted. He did not have a definite time frame on when this would be completed. Class III (Photographic evidence obtained)	A 152		